

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
106715690

FILING DATE
11/8/00

APPLICANT

CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51			
2	/						52			
3							53			
4							54			
5							55			
6	/						56			
7							57			
8	/						58			
9	/						59			
10	/						60			
11	/						61			
12	/						62			
13	/						63			
14	/						64			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP	12						TOTAL DEP			
TOTAL CLAIMS	14						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS